

# Sector insights paper

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# Department of Families, Seniors, Disability Services and Child Safety Releases Annual Report 2024–2025

## CHILD SAFETY

The Department of Families, Seniors, Disability Services and Child Safety (DFSDSCS) has released the Annual Report for 2024–2025. During the reporting period, the Department highlighted it had:

- finalised of the Unify transition, replacing the older case management system (ICMS).
- led reform of domestic and family violence legislation, developing amendments that will enable police to issue on-the-spot 12-month Police Protection Directions.
- experienced growing demand and increasing complexity of the department's client groups, notably in the Child Safety agency; Child Safety saw a 16% increase in notifications requiring investigation and assessment in the year ending March 2025.
- welcomed 1,883 new foster carer families - as of 31 March 2025, there were 6,534 foster carer families as at 31 March 2025, up from 6,117 in the previous year.
- expanded Delegated Authority to 19 services delivered by 14 Aboriginal and Torres Strait Islander Community-Controlled Organisations.
- provided post care support to 831 eligible young people (those who turned 18 after 1 July 2023), providing practical assistance for housing, connections, and employment.

The department attributes increased total expenditure partially to ongoing pressures in the child protection system resulting in higher levels of support and child placement costs. A number of performance measures for Child Safety were not available in the Annual Report, noting that the data will be published on the Department's website when available.

Department of Youth Justice and Victim Support. (2025). *Annual Report 2024–2025*. Queensland Government. <https://www.youthjustice.qld.gov.au/our-department/publications-reports/annual-report>

# Department of Youth Justice and Victim Support Releases Annual Report 2024–2025

## YOUTH JUSTICE

The Department of Youth Justice and Victim Support (DYJVS) has released its first annual report. Established in November 2024, DYJVS has a mandate to reduce the number of victims of crime and strengthen victim support across Queensland; the change involved integration of Victim Assist Queensland and the Office of the Victims' Commissioner.

The Annual Report outlines several achievements of the department in 2024–2025. Of note, the department:

- supported passage of the *Making Queensland Safer* Laws, including requiring serious youth offenders to serve adult sentences, abolishing detention as a last resort, and allowing Courts to consider full criminal histories.
- commenced design of a Victims Advocate Service (\$50M over five years) to streamline support and advocacy.
- opened the Wacol Youth Remand Centre, reducing the average time young people spend in police watchhouses from 12.5 to 2.4 days.
- continued construction of the new Woodford Youth Detention Centre.
- launched the Kickstarter Program (\$50M over four years) funding 37 local community-led early intervention.
- developed Regional Reset and Circuit Breaker Sentencing programs to provide intensive rehabilitation young people at-risk of criminal offending trajectories.
- expanded Youth Co-Responder Teams and bail programs across the state.

The department reports a strong focus on safety, diversity, and workforce capability through a new 2025–28 Strategic Workforce Plan. The DYJVS Annual Report states continued commitment to evidence-based, community-led prevention to create safer Queensland communities.

Department of Youth Justice and Victim Support. (2025). *Annual Report 2024–2025*. Queensland Government. <https://www.youthjustice.qld.gov.au/our-department/publications-reports/annual-report>

# 'Power in protection' - Workplace experiences of residential care workers in Queensland

CHILD SAFETY

OUT OF HOME CARE

A study published in *Social Science* presents findings of a focus group interview with five residential care workers in Townsville. The interviews explored their experiences and perspectives on working with young people, as well as organisational practices, supervision and training. Participants were all female, aged 20-60 years old, with 3-16 years of experience working in residential care settings, although none were currently employed in the sector. The limited representativeness of the sample population is noted in the context of the below insights.

## Key Findings

The central concept of this research is the negative impacts of systemic power dynamics, characterised in the study as 'power in protection'. This concept describes how the top-down, hierarchical structures often create conditions that reinforce trauma, undermine stability for young people, and compromise safety. This 'power' manifests in various ways, described as 'overt' and 'covert' dynamics.

### Overt power

Overt power dynamics relate to the direct and visible use of authority. The study found several key examples of how this is exercised in residential care settings.

#### Control of Information

Child Safety was reported to regularly provide youth workers with limited or outdated information about a young person's medical history, trauma, cultural needs, and behavioural supports. This was perceived as a systemic strategy to prioritise liability protection over the wellbeing of staff and residents.

#### Undermining safety

Management use their power to undermine the safety of youth workers, for instance, by demanding they remain on shift without medical treatment following serious incidents. One residential care worker described where she was asked to remain on shift after suffering a serious head injury:

*"Oh, no, that's not good, just make sure you do your incident report and then go to sleep.' I'm like yeah cool no worries I'm just chillin' here with a concussion."*

#### Disregard for First Nations culture

Participants noted that care environments are dominated by Westernised constructs and fail to accommodate the cultural needs of First Nations youth. This includes enforcing rules that contradict community living practices, and Child Safety banning young people from returning "back to community", fracturing critical connections to country, kinship, and spirituality.

### Conclusion

This study concluded that complex power dynamics, amongst other factors including organisational structures and systematic disconnection, result in the undermining of safety and attachment needs of both young people, and the youth workers that support them. The authors state that systematic reforms are needed to promote stable attachments, consistent care, and collaborative decision-making with the workforce to improve care for this cohort of young people.

Wales, K., Zuchowski, I., & Hamley, J. (2025). The Lived Experiences of Youth-Workers: Understanding Service-Delivery Practices Within Queensland Non-Government Residential Youth Care Organisations. *Social Sciences*, 14(9), 534. <https://doi.org/10.3390/socsci14090534>

### Covert power

Covert power dynamics describe the subtle and indirect uses of power that destabilize the lives of young people and devalue the role of youth workers.

#### Attachment disruption for cost reduction

Participants described the prioritisation of reducing placement costs over nurturing attachment and rapport between young people and youth workers, undermining stability and relationships.

#### Staff marginalisation and burnout

Participants reported working unsustainable hours and a lack of accountability for worker burnout, leading to high staff turnover and further reinforcing attachment disruption for young people. Participants also described the regular dismissal of the insights of youth workers who had strong rapport with young people, leading to incidents when this insight and advice was not considered in response to crises.

#### Undermining rehabilitation and increasing risk

Abrupt placement changes disrupt opportunities for rehabilitation and community connection. This instability can directly lead to re-offending and deeper entanglement in the "triple-system power loop" of Child Protection, Family Law, and Youth Justice. One participant shared a story of a young person whose progress was derailed:

*"...he had won a sports award the year before, so we had him ready to go into footy, the whole bit, the morning he was getting out . . . of [juvenile detention centre] ... he rings me in distress, 'child safety have, they've changed their mind' and sent him back to Mount Isa. Three weeks in Mount Isa, stolen cars, back in back out of the big house"*

# An overview of Secure Care in Australia and commentary on the legal safety of children admitted to secure care

CHILD SAFETY

OUT OF HOME CARE

A cross-jurisdictional analysis of 'secure care' published in *Social Sciences* addresses the fragmented and largely invisible system, used to house highly vulnerable children. While more than half of Australian jurisdictions utilise a secure care model, researchers found there is no national oversight of the secure care approaches or practices.

## Definition of secure care

The research identified that there is no nationally consistent definition of secure care and the type of care this may relate to. However, overall and for the purpose of the research, secure care was defined as “a locked institution in the welfare sector whose objective is to care for and protect children who are admitted due to significant risk of harm to themselves and/ or others.”

## Jurisdictional landscape

Currently, five Australian jurisdictions utilise a secure care model: Victoria, Western Australia, New South Wales, Northern Territory\* and the Australian Capital Territory. In September 2024, the Queensland Government announced plans to build the state's first secure care facility by 2028, allocating \$50 million in funding to for the construction of the facility.

State / Territory	Length of stay	Authority required for admission
Australian Capital Territory	Individual orders are a maximum of 14 days but can be issued consecutively up to 6 months.	Judicial order
New South Wales	Minimum stay of three months, with an average stay of two years.	Judicial order
Northern Territory*	Minimum stay described as 'indefinite', with a minimum stay of three months.	Administrative
Victoria	Admission is legally restricted to 21 days, with an additional 21-day period permitted only in exceptional circumstances. Average stay is 8 days.	Administrative
Western Australia	Length of stay is restricted to 21 days, with one further 21 period permitted only in exceptional circumstances.	Administrative

## Systematic issues of secure care across jurisdictions

**Absence of public data:** No state or territory makes secure care admissions data publicly available. The absence of transparency and reporting prevents meaningful and suitable research, evaluation of efficacy, and accountability.

**Inconsistent legal frameworks:** The Northern Territory\* and New South Wales operate secure care facilities without any specific 'secure care' legislative framework. This has impacts on the legal safety and human rights of children, obscuring system transparency and accountability, and is at odds with international standards.

**Prevalence of administrative detention:** Administrative detention refers to: *when a delegated government official has the power to authorise a child's confinement without judicial authorisation from a court.* The government's parental responsibility for a child on a protection order is used as the legal authority in a secure care approach.

The consequence of this practice is the circumventing of judicial oversight and the obscuring of inherent safeguards embedded in the legal system, which masks operational challenges. The study cites other researchers who reported that states may intentionally use administrative detention, “*precisely because it circumvents these protections*”.

**Undermining human rights:** The youth justice system has established structures and public data reporting in place, which secure care models do not necessarily incorporate. Administrative detention bypasses due process, such as legal representation or the access to the right of appeal in the Courts.

The study identifies a number of international human rights conventions, which Australia has ratified, that are in conflict with some of the practices in secure care. These include the *UN Convention on the Rights of the Child*, as well as the *Optional Protocol to the Convention against Torture*.

\* The secure care model ceased operation in the Northern Territory in 2024, with the only 'Secure Care Facility' being repurposed to accommodate a growing prison population. The Northern Territory Government did not respond to requests for information for this research. Information on the Northern Territory's provision of secure care was sourced from the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability website. Crowe, K. (2025). Secure Care in Australia—An Overview of Secure Care in Australian States and Territories and Commentary on the Legal Safety of Children Admitted to Secure Care in Australia. *Social Sciences*, 14(9), 550. <https://doi.org/10.3390/socsci14090550>

# Child protection and developmental trajectories of children who entered care as infants

CHILD SAFETY

OUT OF HOME CARE

Research published in *Child Abuse Review* investigates the longitudinal child protection experiences and developmental outcomes of infants (aged <1 year) admitted into out-of-home care (OOHC). The study uses data from the New South Wales Pathways of Care Longitudinal Study (POCLS) to determine the child protection and developmental trajectories of this cohort. Collected over three waves, of the 474 children who entered OOHC as infants, 370 had carers who participated in at least the first three waves of the POCLS and were selected for analysis for this research.

## Physical and cognitive trends

The study confirmed that children entering care as infants had generally positive trends relating to physical and cognitive development. Infants entering care had a high initial level of developmental vulnerability, which reduced substantially over time.

- **Wave 1:** 65% were identified as 'at-risk' of having a delay in their physical and cognitive development (n=239).
- **Wave 2:** 46% identified as 'at-risk' (n=170).
- **Wave 3:** 36% identified as 'at-risk' (n=133).

The reduction in the risk of developmental concerns coincided with a rise in the provision of professional services, increasing from a low of 18% in Wave 1 to 45% by Wave 3. This illustrated positive outcomes of professional services, highlighting the need to identify concerns and provide interventions early.

## Socio-emotional trends

In contrast to the physical and cognitive trends, the socio-emotional risk increased over time for children who entered care as infants.

- **Wave 1:** 20% were identified as 'at-risk' in the socio-emotional development assessment (n=73).
- **Wave 3:** 36% identified as 'at-risk' (n=112).

The reduction in the risk coincided with a substantial rise in the engagement and application of professional services, increasing from a low of 18% in Wave 1, to 45% by Wave 3. This illustrated the positive outcomes of professional services, and the crucial need to identify concerns and provide interventions early.

Several factors were significantly associated with the increased likelihood of following the high-risk and worsening trajectory. These indicators included: males, high placement instability, disability, and socio-economic disadvantage. Infants placed in foster care were also identified to be at greater likelihood of being assessed as 'at-risk', with infants placed in kinship care being generally at lower risk.

## Conclusion

The findings of the study show that the majority of children entering an OOHC placement in infancy, will likely remain in the care system throughout childhood and have a high level of developmental vulnerability. Although many demonstrated positive physical and cognitive developmental trajectories, a number of children displayed worsening socio-emotional concerns, necessitating early service provision to mitigate the risk of poor mental health and wellbeing outcomes.

## High rates of permanency in care

The study found the majority of children who entered OOHC as infants would remain in the care system into their childhood.

Of the 370 infants identified for the study, 78% were still in care in Wave 3 (when they would be aged between 3-5 years old). The remaining 19% had transitioned out of care – primarily to guardianship orders – with a small number of children transitioning out of care through adoptions or restorations to family.

## Policy and practice implications

### Early and Comprehensive Assessment

Given the high initial developmental vulnerability, all infants entering care require early and comprehensive developmental assessments across all domains, particularly socio-emotional health.

### Prioritize the Socio-Emotionally Vulnerable

The 20% of infants on a worsening socio-emotional trajectory represent a group in critical need of targeted, early intervention to mitigate the risk of poor long-term mental health outcomes.

### Promote Stability and Kinship Care

The association between placement instability and poor socio-emotional outcomes reinforces the need for stable care arrangements. Furthermore, the protective effect of kinship care suggests that greater efforts should be made to place infants with kin to maintain family connections and support mental wellbeing.

### Ensure Timely Service Provision

The lag between entry to care and receipt of services must be addressed. Systems should be designed to facilitate immediate assessment and referral to appropriate developmental services upon an infant's entry into OOHC.

# Reducing young women's offending through improved service delivery in human services and the Youth Justice System

## YOUTH JUSTICE

A research project conducted for Anglicare aims to further understand the youth justice 'ecosystem', and how this system could be better designed to improve outcomes for young women. Using a mixed methods methodology, researchers identified key findings from surveys with youth justice-involved young women and service providers around Australia. The report highlights that young women's pathways into these systems are uniquely gendered, involving significantly higher levels of childhood abuse, post-traumatic stress disorder, mental health problems, and family dysfunction compared to young men. The authors aimed to answer two primary research questions:

1. How do young women in contact with the youth justice ecosystem experience systems that were developed for young men?
2. How could these systems produce better outcomes to support young women to live thriving, offence-free lives in the community?

## Perceptions of training

Community sector service providers rated their sector's ability to provide appropriate, gender-responsive training as highly insufficient. Participants were asked to indicate their perceptions on a scale where 0 is 'Non-existent' and 100 is 'Over the top'.

- The training provided to staff on how to work with young women was rated "somewhat less than adequate," (an average score of 36).
- This aligns with the perception that programs offered specifically for young women were also less than adequate (an average score of 40).
- First Nations young women confirmed this gap, perceiving programs specifically for young women as less than adequate (an average score of 42).

## Prevalence and exposure to racism

A large majority of staff confirmed they have supported young Aboriginal and/or Torres Strait Islander women dealing with racism, emphasizing the systemic cultural trauma for this cohort.

- Almost three-quarters of Community sector staff (73%) confirmed that they have supported a young Aboriginal and/or Torres Strait Islander woman who has experienced racism.
- Service providers perceived that cultural safety training provided by their sector was less than optimal (an average score of 42).
- Community Service Providers recognised the different needs of First Nations young women. Respondents perceived the needs of First Nations young women compared with non-Aboriginal and/or Torres Strait Islander young women as significantly unique, scoring an average of 70 where 0 meant 'Absolutely Identical' to 100 meaning 'Entirely Unique'.

## Conclusion

The "Young Women's Voices" research aimed to capture the experiences of young women and service providers within the youth justice ecosystem, acknowledging that these systems were primarily designed for young men.

The research concludes by making several recommendations to better support young women in the youth justice system; increase funding and resources, provide specialised support, provide safe and stable housing, and enhance training.

## Key findings

### *Gender-specific services are inadequate*

Programs for young women are perceived to be inadequate, with service providers identifying that young men receive more and better-funded opportunities.

### *Cultural needs are distinct and crucial*

Service providers reported understanding that the needs of First Nations young women are different to those of non-Indigenous peers. First Nations young women reported valuing support from culturally identified workers and a positive connection to culture. Service providers identified systematic racism and lack of services as consistent barriers.

### *Support is valued, but inconsistent*

Young women reported youth and community service workers as their primary source of support, but identified that adequacy of support, attention to problems, and physical safety were inconsistent and often fell short of 'optimal'.

### *Systematic barriers impede progress*

Challenges such as domestic and family violence, poverty, mental health issues are widespread. This is compounded for First Nations young women by elements such as systematic racism, mistrust of systems, and intergenerational trauma.

### *Training and resources are lacking*

Service providers reported inadequate training on how to work specifically with young people. The deficiency is even more pronounced for training related to cultural safety and trauma-informed care for First Nations young women.

# The Time Is Now: Reclaiming Child Protection Decision Making Within Australia

OVER-REPRESENTATION

CHILD SAFETY

A paper published in *Genealogy* examines the urgent need for Aboriginal and Torres Strait Islander communities in Australia to regain control over child protection decision-making, drawing on approaches in Aotearoa New Zealand, the United States, and Canada. It highlights the overrepresentation of Indigenous children in the child protection system and traces calls for reform back decades.

## Reclaiming child protection decision making

The findings are encapsulated in ten elements identified through various jurisdictions (Aotearoa New Zealand, the USA, Canada, Queensland, and Victoria), intended to serve as a roadmap for guiding First Nations communities to reclaim decision making and provide the necessary enablers of change for government.

### Conclusion

The ten elements detailed in the article provide a comprehensive and actionable framework for Aboriginal and Torres Strait Islander communities to reclaim their inherent right to make decisions about their children. The paper provides a roadmap to address the ongoing failings of governments to address overrepresentation and allow the self-determination of First Nations people.

## 10 Key Elements

1. Strong legislation
2. Aboriginal and Torres Strait Islander-led Processes
3. Aboriginal and Torres Strait Islander Practice Frameworks and Practice Standards
4. Aboriginal and Torres Strait Islander-Led Policy
5. Aboriginal and Torres Strait Islander-Designed and Delivered Programs and Services
6. Having People with Cultural Authority Throughout the Journey
7. Ensuring That Aboriginal and Torres Strait Islander Young People's Voices Are Heard
8. The Ability to Monitor Processes and Outcomes Through Research and Evaluation
9. Embedding Accountability Mechanisms
10. Equitable Funding

Butler, C. (2025). The time is now: Reclaiming child protection decision making within Australia. *Genealogy*, 9(3), 90. <https://doi.org/10.3390/genealogy9030090>

# Evaluation of the 'Therapeutic Life Story Work' program with young people in residential care in Victoria

CHILD SAFETY

OUT OF HOME CARE

A study conducted in Victoria investigated the outcomes of the intervention program *Therapeutic Life Story Work* (TLSW). The study evaluated the impact of the program on a group of young people living in residential care in Victoria.

## Key aspects of TLSW

TLSW is an intervention program evolved from *Life Story Work*- a therapeutic process where a safe and trusted adult assists a child to create a record of their life. The record includes elements such as personal history, family connections and experiences. These programs are designed to aid in improving health and well-being through pregnancy and childhood, reducing or preventing child abuse/ neglect, and promoting positive parent-child relationships.

## Impact and efficacy of TLSW

- **Improved prosocial skills:** The intervention group was 24% more likely to increase prosocial skills based on clinical cut-off scores compared to the test group that did not participate in the program (87% to 63%).
- **Reduction in emotional and behavioural issues:** Children in the intervention group were likely to demonstrate reduced emotional, peer and conduct problems, and lower levels of hyperactivity. Self-reported data also indicated fewer interpersonal issues with peers.
- **High tolerability and completion rate:** The intervention program was well-tolerated by young people, with no participants dropping out during the study, countering the narrative of children in care being 'treatment resistant'.

TLSW had a 100% completion rate among children in residential out-of-home care in Victoria. The results found positive trends in improving prosocial skills, with a 5% reduction in overall emotional and behavioural issues. While not all outcomes reached statistical significance, the findings supported the program's potential to support trauma recovery and a positive sense of self for this vulnerable population.

Kontomichalos-Eyre, S. A., Fuller-Tyszkiewicz, M., Browne, J., & McGillivray, J. A. (2025). An evaluation of therapeutic Life Story Work in residential out of home care. *Children and Youth Services Review*, 178, Article 108539. <https://doi.org/10.1016/j.childyouth.2025.108539>